Application or Docket Number

The second secon	live January 1, 26	4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1				· · · · · · · · · · · · · · · · · · ·	
CLAIMS A	S FILED: PART (Column 1)	(Column 2)	SMALL: TYPE	ENTITY :	OR	OTHER SMALL	
OTAL CLAIMS	32		RATE	FEE	i.,	RATE	FEE
OR .	NUMBER FILED	NUMBER EXTRA	BASIC FI	EE 375.00	OŘ	BASIC FEE	750.00
OTAL CHARGEABLE CLAIMS	3.7 minus 20=	12	X\$ 9=		OR	X\$18=	
DEPENDENT CLAIMS	# minus 3 =	A CAUKA			OR	X84=	
ULTIPLE DEPENDENT CLAIM F	RESENT					7 4 4	
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If the entry in column 1 is less than	the entry in column 2, wi	rite "0" in column 3. E is less than 20, enter ":	7.701	AL .	ØΒ	TOTAL	
"ilf the "Highest Number Previously The "Highest Number Previously	Paid For IN THIS SPACE	E is less than 20, enter "3 F is less than 3, enter "3	20. ADDIT. F	EE L	_ :	ADDIT. FE	